



#3

Easy type a plus sign (+) inside this box



PTO/SB/21(08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/871,998	
	Filing Date	June 1, 2001	
	First Named Inventor	MAZANY	
	Group Art Unit	1755	
	Examiner Name		
Total Number of Pages in This Submission	5	Attorney Docket Number	200EP006-1002

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): DECLARATION AND POWER OF RETURN CARD
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	George W. Moxon II
Signature	
Date	8/8/01

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

August 8, 2001

Typed or printed name Stacey R. Rege**Signature****Date**

8-8-01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Section 4

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FEETRANSMITTAL for FY2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

Application Number	09/871,998
Filing Date	JUNE 1, 2001
First Named Inventor	MAZANY
Examiner Name	
Group Art Unit	1755
Attorney Docket No.	200EP006-1002

METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number: 501210

Deposit Account Name: BROUSE McDOWELL

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:

☒ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES		
Large Entity	Small Entity	
Fee Code (\$)	Fee Code (\$)	Fee Description
10513020565		Surcharge-late filing fee or oath
1275022725		Surcharge-late provisional filing fee or coversheet
139130139130		Non-English specification
1472,5201472,520		For filing a request for ex parte reexamination
112920*112920*		Requesting publication of SI prior to Examiner action
1131,840*1131,840*		Requesting publication of SI after Examiner action
11511021555		Extension for reply within first month
116390216195		Extension for reply within second month
117890217445		Extension for reply within third month
1181,390218695		Extension for reply within fourth month
1281,890228945		Extension for reply within fifth month
119310219155		Notice of Appeal
120310220155		Filing a brief in support of an appeal
121270221135		Request for oral hearing
1381,5101381,510		Petition to institute a public use proceeding
14011024055		Petition to revive-unavoidable
1411,240241620		Petition to revive-unintentional
1421,240242620		Utility issue fee (or reissue)
143440243220		Design issue fee
144600244300		Plant issue fee
122130122130		Petition to the Commissioner
1235012350		Processing fee under 37 CFR 1.17(q)
126180126180		Submission of Information Disclosure Stmt
5814058140		Recording each patent assignment per property (times number of properties)
146710246355		Filing a submission after final rejection (37 CFR § 1.129(a))
149710249355		For each additional invention to be examined (37 CFR § 1.129(b))
179710279355		Request for Continued Examination (RCE)
169900169900		Request for expedited examination of a design application
Other fee (specify) _____		
SUBTOTAL(3)		(\$) 130

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101710201355		Utility filing fee	
106320206160		Design filing fee	
107490207245		Plant filing fee	
108710208355		Reissue filing fee	
11415021475		Provisional filing fee	
SUBTOTAL(1)			(\$) 0

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent Claims	-20**=	X	
Multiple Dependent Claims	-3**=	X	

Large Entity Fee Code (\$)

Small Entity Fee Code (\$)	Fee Description	Fee Paid	
103182039	Claims in excess of 20		
1028020240	Independent claims in excess of 3		
104270204135	Multiple dependent claim, if not paid		
1098020940	**Reissue independent claims over original patent		
110182109	**Reissue claims in excess of 20 and over original patent		
SUBTOTAL(2)			(\$) 0

*om number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	GEORGE W. MOXON II	Registration No. (Attorney/Agent)	26,615
Signature	<i>George W. Moxon II</i>	Telephone	330-535-5711
		Date	8/8/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.